

GEOGRAPHICAL INDICATIONS ACT 2014
GEOGRAPHICAL INDICATIONS RULES 2019

FORM GI8	Request to Correct Error or Mistake in Application, Notice or Other Document
<p><u>Estimated time:</u> This form may take approximately 5 - 8 minutes to complete.</p> <p><u>Notes:</u></p> <p>a. This form is for correcting clerical errors or obvious mistakes in an application (other than an application for registration of a geographical indication), notice or other document filed to the Registrar. Please refer to section 54 of the Geographical Indications Act 2014 and rule 93 of the Geographical Indications Rules 2019.</p> <p>b. * denotes mandatory fields.</p> <p>c. The fee is payable on a per form basis. Any fee paid is not refundable.</p>	
PART 1	Reference
<p>Your reference (if any)</p> <p>IPOS reference (if applicable)</p>	<div style="border: 1px solid black; height: 25px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 25px;"></div>
PART 2	Geographical Indication No.*
<p><u>Notes:</u></p> <p>a. You may indicate more than one Geographical Indication No. if the correction pertains to an application made (as selected in Part 4) and that form contained more than one Geographical Indication No.</p> <p>b. All of the Geographical Indication No. indicated below must pertain to the same party indicated in Part 3.</p> <p>c. Please use the continuation sheet CS3 if the fields below are insufficient.</p>	
Geographical Indication No.	<div style="border: 1px solid black; height: 25px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 25px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 25px;"></div>
PART 3	Party filing this request*
<p><u>Notes:</u> The request for correction may be filed only by the party (or his agent) who made the application or filed the notice or other document indicated in Part 4.</p>	
<p>This request is filed by (or on behalf of) (Cross one box only)</p>	<p><input type="checkbox"/> Applicant / Registrant of the above geographical indication(s)</p> <p><input type="checkbox"/> Other party who is not the Applicant / Registrant of the above geographical indication(s) (Please state the party's details below)</p> <p>UEN / Company Code (if available)</p> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; margin-left: 10px;"></div> <p>Name</p> <div style="border: 1px solid black; width: 100%; height: 40px; margin-left: 10px;"></div>

PART 7	Contact details*
<p><i>Notes:</i></p> <p>a. If an agent is appointed to act on behalf of the party filing this request (as indicated in Part 3), please indicate the agent's Unique Entity Number (UEN) or Company Code (assigned by IPOS), agent's name and agent's address for service in Singapore.</p> <p>b. Official correspondence relating to this request will be sent to the address for service in Singapore as indicated in this Part. If you have ticked the first checkbox in Part 4, the address for service indicated herein must be the same as the one for that application. Otherwise, please correct the address for service in that application in Part 5.</p>	
<p>Agent UEN / Company Code <i>(if available)</i></p> <p>Agent Name</p>	<p><input type="text"/></p> <p><input type="text"/></p>
<p>Representative or C/O Name <i>(if applicable)</i></p>	<p><input type="text"/></p>
<p>Address for Service in Singapore</p>	<p>Block / House No. <input type="text"/></p> <p>Street Name <input type="text"/></p> <p>Level - Unit <input type="text"/> - <input type="text"/></p> <p>Building Name <input type="text"/></p> <p>Postal Code <input type="text"/></p>
<p>Contact Person</p> <p>Direct Telephone No. in Singapore <i>(if available)</i></p> <p>Email Address <i>(if available)</i></p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><i>By providing an email address, you consent that we may contact you by email in relation to this request.</i></p>

PART 8	Declaration*
<p>Declaration</p>	<p><u>By party filing the form</u></p> <p>I, the undersigned, do hereby declare that:</p> <p>The information furnished above is true to the best of my knowledge. I understand that I may be liable for criminal prosecution for providing any false information in this request.</p> <p><u>By agent</u></p> <p>I, the undersigned, do hereby declare that:</p> <ul style="list-style-type: none"> i. I have been duly authorised to act as an agent, for the purpose of this request, on behalf of the party filing this form, and ii. The information furnished above on behalf of the party is true to the best of that party's knowledge. He/She understands that he/she may be liable for criminal prosecution for providing any false information in this request.
<p>Name</p> <p>Signature</p> <p>Date (DD/MM/YYYY)</p>	<div data-bbox="533 792 1362 860" style="border: 1px solid black; height: 30px; margin-bottom: 10px;"></div> <div data-bbox="533 887 971 999" style="border: 1px solid black; height: 50px; margin-bottom: 10px;"></div> <div data-bbox="533 1028 916 1093" style="border: 1px solid black; display: flex; width: 240px; height: 29px;"> <div style="width: 25%; border-right: 1px solid black; height: 100%;"></div> <div style="width: 25%; border-right: 1px solid black; height: 100%;"></div> <div style="width: 25%; border-right: 1px solid black; height: 100%;"></div> <div style="width: 25%; border-right: 1px solid black; height: 100%;"></div> <div style="width: 25%; border-right: 1px solid black; height: 100%;"></div> <div style="width: 25%; border-right: 1px solid black; height: 100%;"></div> <div style="width: 25%; border-right: 1px solid black; height: 100%;"></div> <div style="width: 25%; border-right: 1px solid black; height: 100%;"></div> <div style="width: 25%; border-right: 1px solid black; height: 100%;"></div> <div style="width: 25%; border-right: 1px solid black; height: 100%;"></div> <div style="width: 25%; height: 100%;"></div> </div>

GST	GST INFORMATION
Tax invoice*	
<p><i>Notes:</i></p> <p><i>Tax invoice will be issued to the entity/individual as indicated. Goods and Services Tax (GST)-registered businesses may claim input tax with Inland Revenue Authority of Singapore (IRAS), subject to meeting the requirements under the GST Act.</i></p>	
<p>Name (Tax invoice to be issued to)</p>	<p><i>The name of the party filing the request (as indicated in Part 3 of this form) is to be specified in this field.</i></p> <div data-bbox="539 577 1353 689" style="border: 1px solid black; height: 50px; width: 100%;"></div>

Checklist
<p>Please make sure you have signed and dated the form.</p>